

12

ACTIVITY	RANKINGS		
ROCKING			
SWINGING			
SLIDING			
CLIMBING			
STRONG GRIP			
ENJOYS HEAT			
ENJOYS COLD			
LIKES MANY FOODS			
LIKES HARD FOODS			
LIKES CRISP FOODS			
LIKES SOFT FOODS			
ABLE TO EAT ON OWN			
LIKES FRUIT			
LIKES MILK			
LIKES WATER (DRINKING)			
ENJOYS ELECTRONICS			
ENJOYS TV			
ENJOYS COMPUTERS			
ENJOYS PICKING UP SMALL ITEMS			
ENJOYS WALKING			
ENJOYS RUNNING			
ENJOYS BEING CHASED			
ENJOYS ORDERING THINGS			
ENJOYS LIGHT			
ENJOYS DARK			
ENJOYS STRONG COLORS			
ENJOYS PASTELS			
ENJOYS COLORING			
ENJOYS DRAWING			
ENJOYS CUTTING			
ENJOYS PASTING			
ENJOYS MUSIC			
ENJOYS NATURAL SOUNDS			
ENJOYS MECHANICAL SOUNDS			
ENJOYS LINKING ITEMS			
ENJOYS UNHOOKING ITEMS			
ENJOYS MATCHING ITEMS			
ENJOYS WORKING WITH HANDS			
ENJOYS WRITING			

14

ACTIVITY	RANKINGS		
ENJOYS BATHING			
ENJOYS FLOATING			
ENJOYS HIKING			
ENJOYS BOATING			
ENJOYS BEING DRIVEN			
ENJOYS DOGS			
ENJOYS CATS			
ENJOYS FISH			
ENJOYS BIRDS			
ENJOYS HORSES			
ENJOYS CHEWING			
ENJOYS CLEAR THINGS			
ENJOYS HEAVY THINGS			
ENJOYS THINGS THAT ROLL			
ENJOYS THINGS THAT STACK			
ENJOYS PUZZLES			
ENJOYS READING			
ENJOYS BEING READ TO			
ENJOYS SOFT FABRICS			
ENJOYS GRANULAR OBJECTS			
ENJOYS PLIABLE OBJECTS			
ENJOYS FLAPPING			
ENJOYS PULLING THINGS			
ENJOYS PUTTING THINGS AWAY			
ENJOYS TAKING THINGS OUT			
ENJOYS TAKING THINGS APART			
ENJOYS BEING TICKLED			
ENJOYS TICKLING			
ENJOYS HAVING DEEP PRESSURE			
ENJOYS LIGHT TOUCHES			
ENJOYS HAVING HANDS HELD			
ENJOYS TOUCHING OTHERS			
ENJOYS FINDING THE EDGES			
ENJOYS FREEDOM			
ENJOYS INDIVIDUAL TIME			
ENJOYS BEING PHYSICALLY CLOSE			
ENJOYS EXPLORING			
ENJOYS EATING OUT			
ENJOYS SPECIFIC VIDEO'S			
ENJOYS TEASING			

14

10

**Fig. 1**

•r Logon


Children's Paraclete

134 Gazebo Park

Johnstown, PA 15901

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(R)



User ID:

Password:

☒ OK

☒ Cancel

Fig. 2

20

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

11/7/2001

Name of Person Reporting

Bob Smith

BSC/MT Name

Bob Smith

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Clients

Client General Information

Danger Awareness, Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Client Name

Johnny Smith

Mike Doe

Assessment Date

11/7/2001

Reporting

Bob Smith

BSC/MT Name

Bob Smith

New

Delete

Search

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Summarize

22

24

Fig. 3

**Children's Paraclete** File Edit Search View Tools Help

---

**Client Name:** 
**Name of Person Reporting:**

**Date of Assessment:** 
**BSC:MT Name:**

---

Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention |  
 Clients | Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development |

---

**First Name:** 
**Last Eval Date:**

**Last Name:** 
**Medications:**

**Birth Date:** 
**Emergency Contact List:**

**Insurance #:**

**Case #:**

**Start Date:**

**Evaluations:**

---

**Case Manager:** 
**Family Member Name:**

**Referring Agency:**

**Authz. Length:**

**Referral Date:**

**Legal Guardian:**

---

**Fig. 4**

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

10/10/2002

Name of Person Reporting

Steven Smith

BSC-MT Name

Steven Smith

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Clients

Client General Information

Danger Awareness

Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

A. Safety Issues

B. Aggressive Issues

5

1. Child shows an awareness of visual cliffs such as stairs and stops when they are unable to negotiate such obstacles.

4

2. Child climbs only on appropriate things.

2

3. Child shows awareness of moving cars or other such dangers.

2

4. Child stops at the side of the street and waits for someone to cross with.

3

5. Child stops and looks for oncoming traffic before crossing the street with assistance.

1

6. Child stops and looks for oncoming traffic before crossing the street without assistance.

1

7. Child demonstrates and understanding of traffic signals.

1

8. Child demonstrates an understanding of crosswalks.

2

9. Child stops when caregiver calls his/her name in public settings.

2

10. Child does not leave the house without permission.

2

11. Child knows how to unlock, lock and open doors and windows.

2

12. Child only opens cabinets in the house that are safe for them.

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Fig. 5

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Name of Person Reporting

Steven Smith

Date of Assessment

10/10/2002

BSC-MT Name

Steven Smith

Clients

Client General Information

Danger Awareness, Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Yes	Rocking	No	Enjoys Electronics	No	Enjoys Pasting	Yes	Enjoys Talking
Yes	Swinging	No	Enjoys TV	Yes	Enjoys Music	Yes	Enjoys Writing
Yes	Sliding	No	Enjoys Computers	No	Enjoys Natural Sounds	No	Enjoys Floating
No	Climbing	Yes	Enjoys Picking Up Small Items	Yes	Enjoys Linking Items	No	Enjoys Hiking
Maybe	Strong Grip	No	Enjoys Walking	Yes	Enjoys Unhooking Items	No	Enjoys Boating
Yes	Enjoys Heat	No	Enjoys Running	No	Enjoys Matching Items	No	Enjoys Being Driven
No	Enjoys Cold	No	Enjoys Being Chased	Yes	Enjoys Working w/Hands	No	Enjoys Dogs
No	Likes many foods	Yes	Enjoys Ordering Things	No	Enjoys Working w/Feet	Yes	Enjoys Cats
No	Likes hard foods	No	Enjoys Light	No	Enjoys Working w/Mouth	Yes	Enjoys Fish
Yes	Likes Crips Foods	No	Enjoys Dark	Yes	Enjoys Exploring New Things	Yes	Enjoys Birds
No	Likes Soft Foods	Yes	Enjoys Strong Colors	Yes	Enjoys the Same Thing	No	Enjoys Horses
Yes	Able to eat on own	Yes	Enjoys Pastels	Yes	Enjoys Being Held	No	Enjoys Chewing
Yes	Likes Fruit	Yes	Enjoys Coloring	Yes	Enjoys Being Talked To	Yes	Enjoys Clear Things
Yes	Likes Milk	No	Enjoys Drawing	Yes	Enjoys Trying to Talk	No	Enjoys Heaving Things
Yes	Likes Water (Drinking)	Maybe	Enjoys Cutting	No	Enjoys Attention	No	Enjoys Things That Roll

New

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Summarize

Fig. 6

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

10/10/2002

Name of Person Reporting

Steven Smith

BSC-MT Name

36 Steven Smith

Clients

Client General Information | Danger Awareness, Dangerousness Issues & Responsiveness Development | Emotional Development | Cognitive Development | Relational Development | Play Development | Strengths | Family Values | Assessment | Treatment Plan Approach Summary | Treatment Plan | Crisis Intervention

1. What does a typical day in this family look like?

The family gets up and eats breakfast individually while mom takes care of Johnny's needs by dressing and feeding him

2. What kinds of things do you do to relax or relieve stress?

We used to go and ride bikes, but since we had Johnny there is little that we do to relax.

3. Which is more important to you? To spend time alone or with friends?

We love to spend time with friends, however Johnny's needs have limited our circle of friends

4. Order in your daily life or the flexibility to take one day at a time?

We try and create order but it seems that no matter what we do things fall apart

5. For the children to look up to you and be admired or know you are obeyed?

I would rather have the children admire me

New

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Summarize

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33

33

Fig. 7

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

10/10/2002

Name of Person Reporting

Steven Smith

BSC.MT Name

Steven Smith

Clients

Client General Information

Danger Awareness

Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Relational Development

Play Development

Strengths

Family Values

Global

Emotional

Cognitive

Relational

Play

Global Domain Graph

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

38

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Text Summary

Results of Domain Assessment

\*\* The assessment profile suggests that dangerousness issue flags need to be carefully examined to insure the safety of the child. Treatment of the child must focus on minimizing risk factors. Further, splinter skills need to be noted so as not to assume safety. \*\*

\* Johnny demonstrates an understanding of moving cars. Rarely seen

\* Johnny stops when his name is called in public settings. Rarely seen

\* Johnny does not leave the house without permission. A few times

\* Children with similar protocols tend to need close constant supervision\*

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### Global Domains

Domain	Score
Dangerousness	4.5
Emotional	4.5
Cognitive	4.5
Relational	2.5
Play	0.5



Children's Paraclete

File Edit Search View Tools Help

Client NameJohnny Smith

Date of Assessment10/10/2002

Name of Person ReportingSteven Smith

BSC-MT NameSteven Smith

Clients

Client General Information

Danger Awareness, Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Children's Paraclete Treatment Plan Summary

44

Minimum Treatment Plan Sections to be implemented:

Section 1:

1a-ii

1a-iv

Dangerousness Issues

Elopement concerns

Lack of awareness of danger both specific and contextual

Section 2: Emotional Development

2a

Floortime 4x for 20 minutes daily with TSS

Floortime with parent at least once daily

(Overlapping sections to be suggested: 3c-i ; 3c-ii)

Section 3: Cognitive Development

3a-iv

3d

Generalizability of rules and applications

Work on understanding past-present-future

(Overlapping sections to be suggested: 3a-vi; 5a-iii)

Section 4: Relational Development

4a

4b

Interaction with objects and animals (encouraging more interaction)

Interaction with others outside of floortime

(Overlapping sections to be suggested: 3d; 4d; 5a-i; 5a-ii)

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Fig. 9

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

10/10/2002

Name of Person Reporting

Steven Smith

BSC-MT Name

Steven Smith

Clients

Client General Information

Danger Awareness, Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Children's Paraclete Treatment Plan

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1a (iv)

Specific Observable Goal with Target Date:

Setting: Community

Johnny will demonstrate proficiency in community safety practices/activities 90% of the time by demonstrating proficiency in at least two daily 10-15 minute activities through Target date of 01/31/03. With TSS monitoring, Johnny will be proficient 100% of the time in safety when in the community. Status of Goal: Emerging. Johnny has demonstrated approximately 50% of the time during the last Treatment Period. Johnny may elope to dash across the street if TSS was not available, or he will approach strangers. Johnny seems to be cyclical in his safety practices behavior awareness. There seems to be times when Johnny gets lost in "his world" and he can be unaware of safety practices that he should know. Then, there are times when he demonstrates appropriate safety awareness behavior. Client's response to strategy by TSS: At this time, Johnny's basic safety/danger issues with things like putting on his seatbelt, sharp knives, staying away from fire, hot stoves, hot water, etc, are not an issue with Johnny. However, if Johnny is perseverating on reaching up for something high, he will focus on the thing and not on the possible unsafe/dangerousness of getting the item. Johnny shows head knowledge: he can say what might have happened if ..., but he does not demonstrate the practice. In other words, he knows that he should get help to get something that is too high for him to reach, but, instead, he will set about to get the item himself not practicing what he says that he know that he should not do.

Intervention Technique with Strategy:

Setting: Community

New

Delete

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Summarize

Fig. 10A

File          Edit          Search          View          Tools          Help			
<b>Children's Paraclete</b>			
<b>Client Name</b> Johnny Smith	<b>Name of Person Reporting</b> Steven Smith	<b>Relationship</b> Steven Smith	
<b>Date of Assessment</b> 10/10/2002	<b>BSC-MT Name</b> Steven Smith	<b>Assessment</b> Steven Smith	
<b>Children's Paraclete Treatment Plan</b>			
1a-iv Specific Observable Goal with Target Date:			
Johnny will have 1:1 supervision while in the community 100% of the time throughout the treatment period. Johnny will also participate in at least 3 safety activities daily chosen from the following list no less than 5 days per week.			
Intervention Technique with Strategy Setting: Community. Johnny will have the TSS touching him at all times until mastery of responding to his name while he is on sidewalks. The TSS will have Johnny stop at the edge of every curb and look down at his feet making a game of tapping his feet on the edge of the sidewalk 5 times. A game of redlight green light will be played with Johnny for at least 5 minutes at a time. Should Johnny not appear to understand the game another adult will play beside Johnny and use light touch to assist Johnny in stopping and starting and stopping when appropriate. Mastery will be considered when Johnny is able to consistently 'stop' or 'start' within 15 seconds of the command being issued for 4 consecutive weeks.			

**Fig. 10B**

Children's Paraclete

File Edit Search View Tools Help

Client Name

Johnny Smith

Date of Assessment

10/10/2002

Name of Person Reporting

Steven Smith

BSC:MT Name

Steven Smith

Clients

Client General Information

Danger Awareness, Dangerousness Issues & Responsiveness Development

Emotional Development

Cognitive Development

Relational Development

Play Development

Strengths

Family Values

Assessment

Treatment Plan Approach Summary

Treatment Plan

Crisis Intervention

Children's Paraclete Crisis Intervention

52

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Crisis Management Plan Protocol for Johnny Smith

(Also for emergency)

1.) When Johnny starts an inappropriate or disruptive behavior, that TSS will try to redirect Johnny back on task.

2.) If the behavior becomes too disruptive, poses a danger or is inappropriate to the rest of the people and the surrounding area, the TSS will remove Johnny from the setting and take him to a safe place for verbal de-escalation. If the disruptive behavior or and/or inappropriate behavior continue, Johnny will be taken to a safe area to try to calm down. When in the community, the parked car maybe a quiet place for Johnny to go with the TSS. Concerns for the health, safety, and welfare of everyone involved must be emphasized. This may require the use of safe physical restraint: those approved by Children's Paraclete, Inc. BSC will be notified if restraint techniques are used. TSS will document on the Clinical Progress Note Sheet and follow the school protocol, if in the school environment.

3.) If the self-calming activities and techniques are not successful after 15 minutes, the Behavioral Specialist Consultant will be notified. (If the behaviors occur at the school and the BSC has been notified, the Support Teacher may be notified for consultation and/or assistance: TSS will follow approved school protocol.)

4.) If the problem processes, the parent/adult will be notified: (notification will be made in the following order.)

New

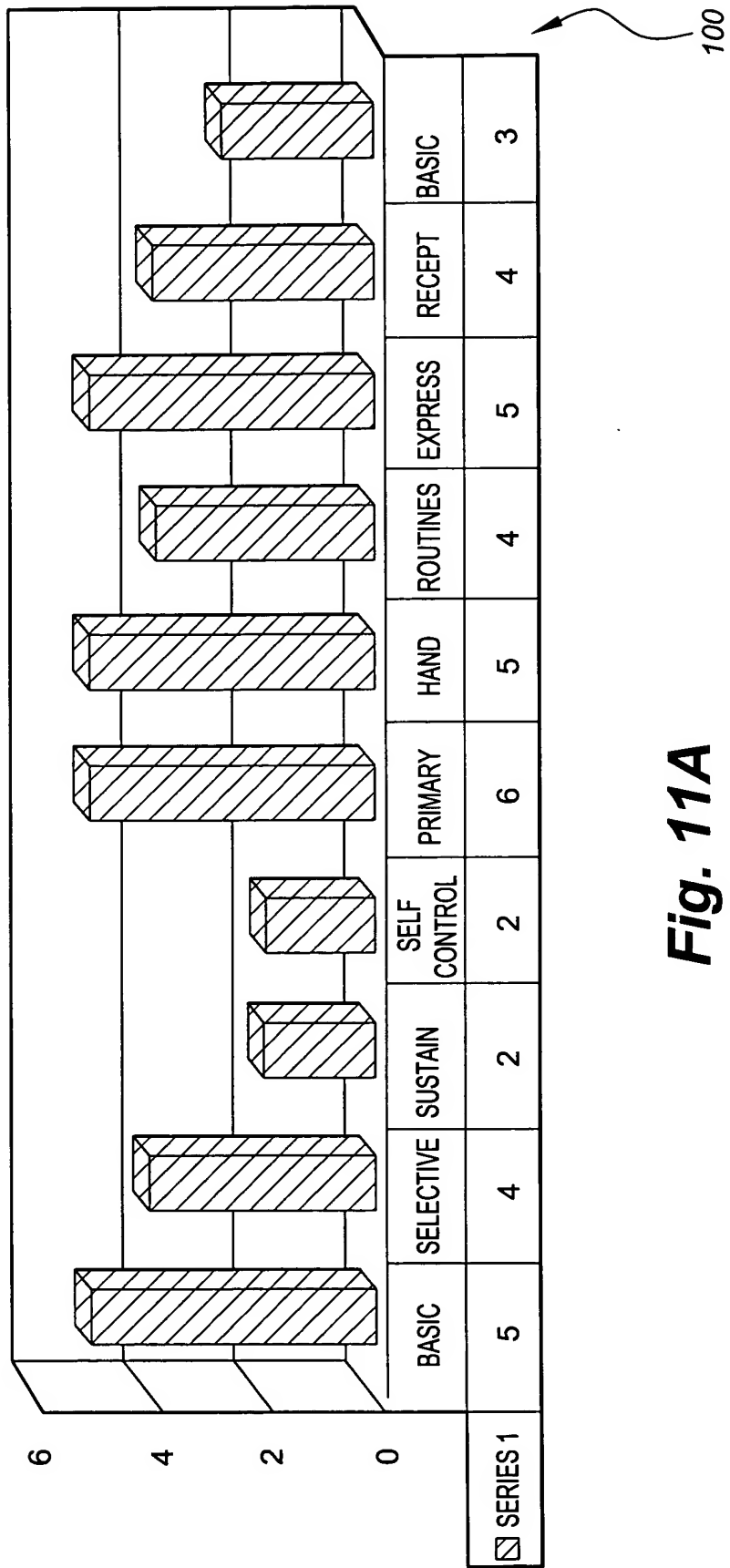
Delete

Search

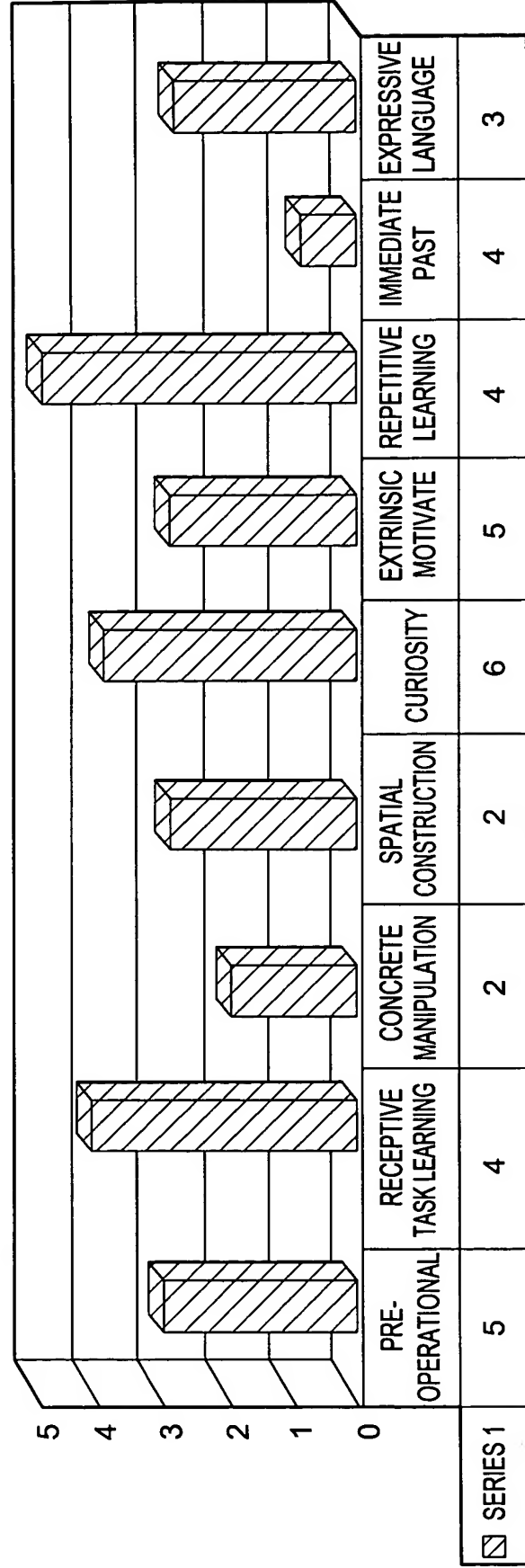
Print

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Fig. 10C



**Fig. 11A**



**Fig. 11B**

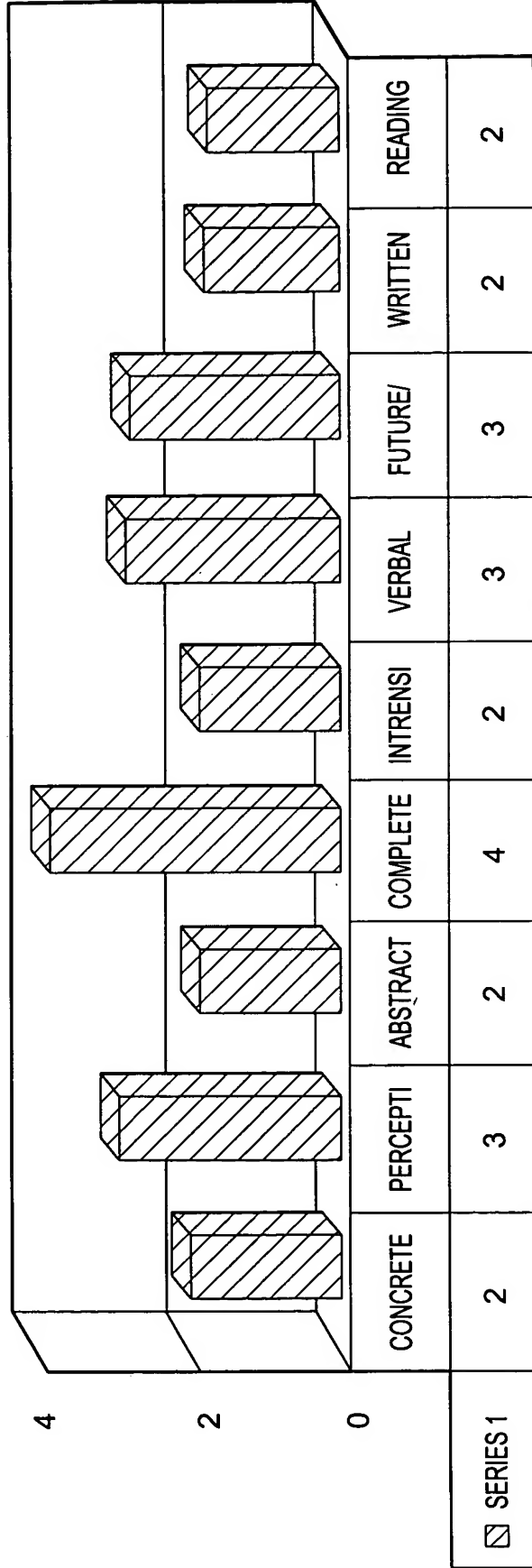
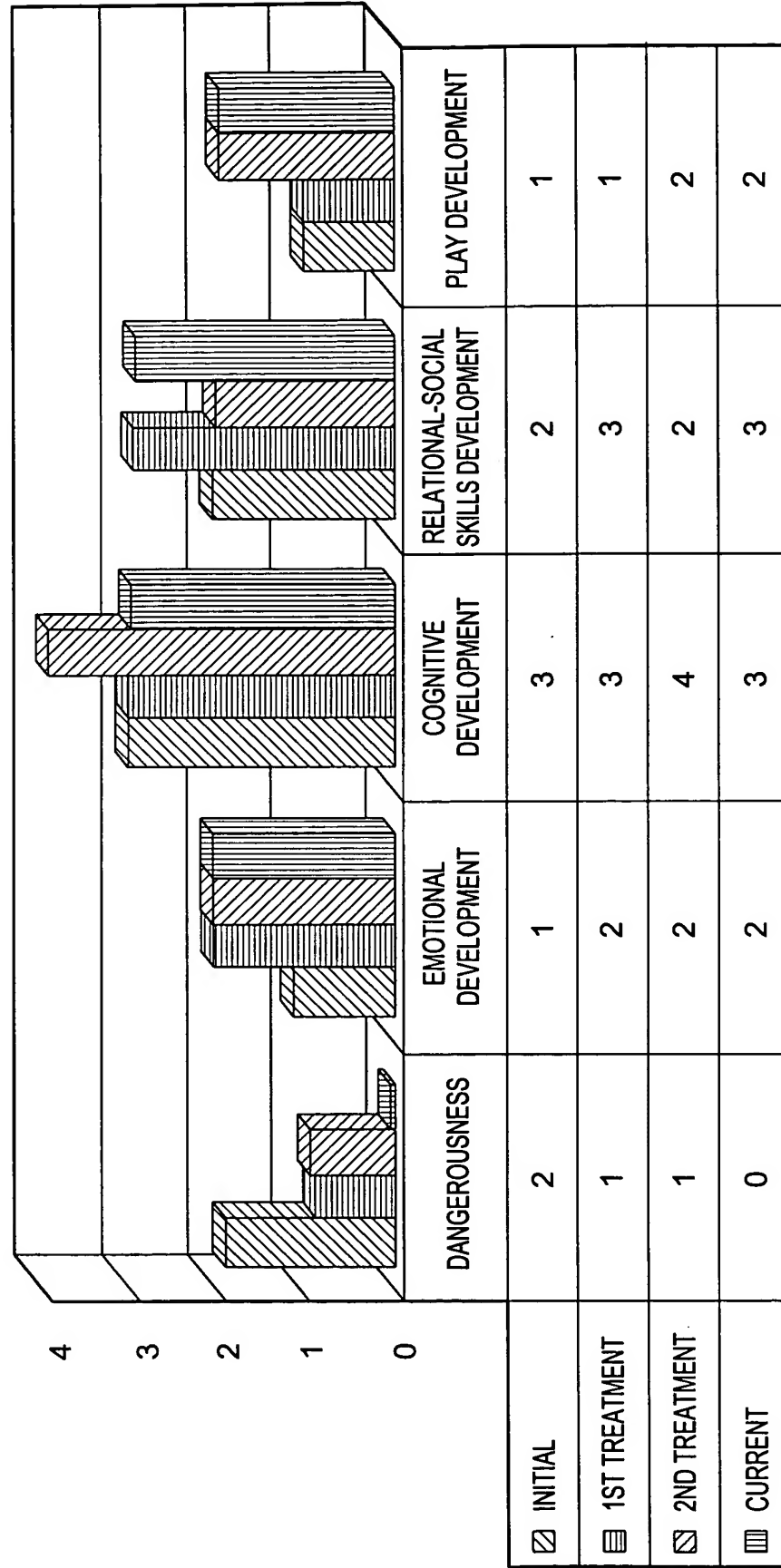


Fig. 11C



**Fig. 12**



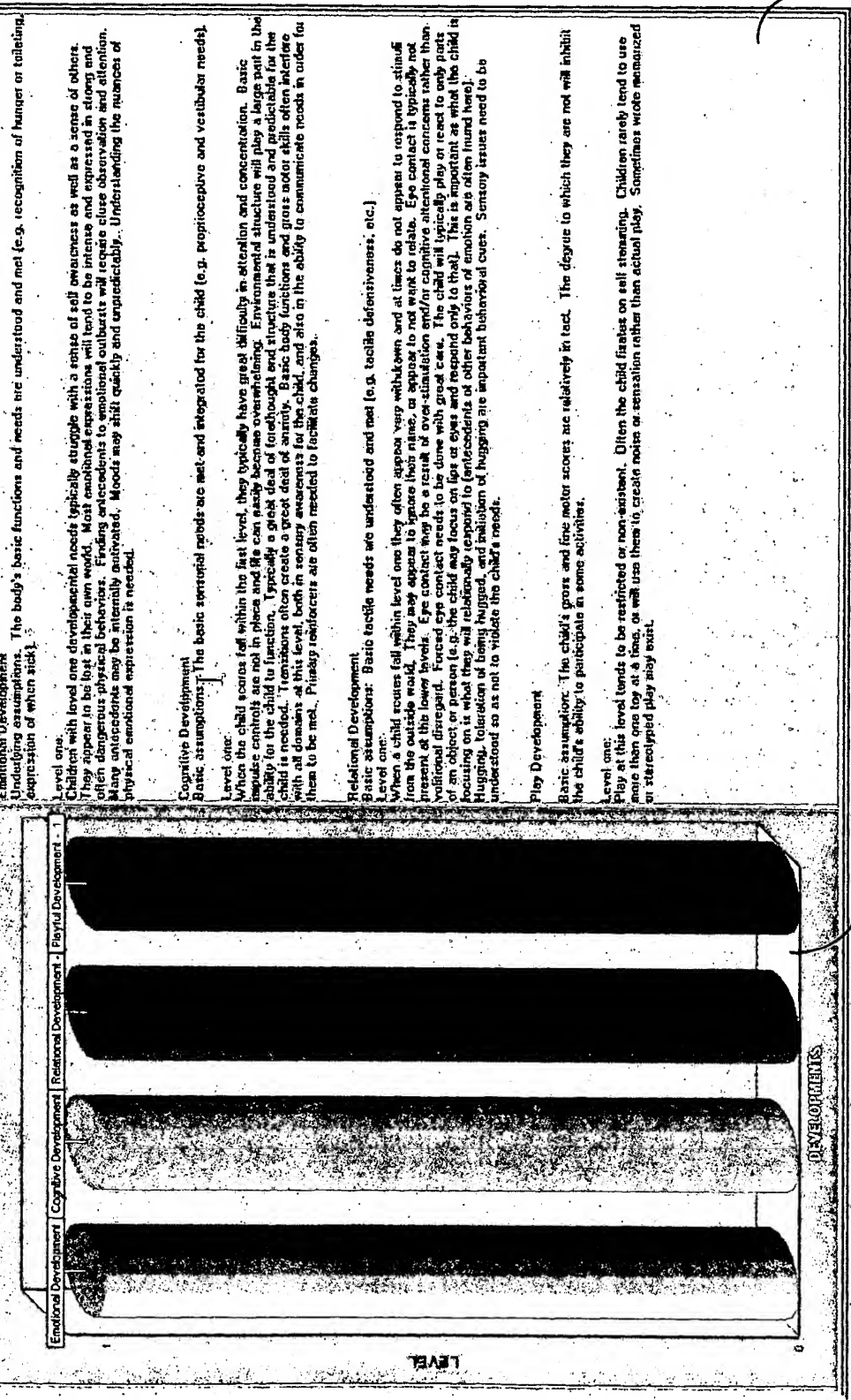


Fig. 13

**Text Summary**  
The body's basic functions and needs are understood and met (e.g. recognition of hunger or relieving expression of which stick).

**Emotional Development**  
Underlying assumptions:  
Children with level one developmental needs typically struggle with a sense of self awareness as well as a sense of others. They appear to be lost in their own world. Most emotional expressions will tend to be intense and expressed in strong and often dangerous physical behaviors. Finding antecedents to emotional outbursts will require close observation and attention. Many antecedents may be internally activated. Moods may shift quickly and unpredictably. Understanding the nuances of physical emotional expression is needed.

**Level one:**  
Children with level one developmental needs typically struggle with a sense of self awareness as well as a sense of others. They appear to be lost in their own world. Most emotional expressions will tend to be intense and expressed in strong and often dangerous physical behaviors. Finding antecedents to emotional outbursts will require close observation and attention. Many antecedents may be internally activated. Moods may shift quickly and unpredictably. Understanding the nuances of physical emotional expression is needed.

**Cognitive Development**  
Basic assumptions: The basic perceptual modes are met and integrated for the child (e.g. proprioceptive and vestibular needs).

**Level one:**  
When the child scores fall within the first level, they typically have great difficulty in attention and concentration. Basic perceptual control is not in place and they can easily become overwhelmed. Environmental structure will play a large part in the ability for the child to function. Typically a great deal of forethought and structure that is understood and predictable for the child is needed. The parent can create a great deal of sensory, tactile functions and gross motor skills often interfere with all domains at this level. Both in sensory awareness for the child, and also in the ability to communicate needs in order for them to be met. Primary reinforcers are often needed to facilitate changes.

**Relational Development**  
Basic assumptions: Basic tactile needs are understood and met (e.g. tactile defensiveness, etc.)

**Level one:**  
When a child scores fall within level one they often appear very withdrawn and at times do not appear to respond to stimuli from the outside world. They may seem to have their senses, or appear to not want to relate. Eye contact is typically not present at this lower level. Eye contact may be present at times, but it is often fleeting and the child will often turn away without a reciprocal. Forced eye contact tends to be done with great care and the child will typically play on their own of an object or person (e.g. the child may focus on legs or eyes and respond only to that). This is important as the child is focusing on it what they will respond to (e.g. the child may respond to the child's face, but not to the child's body). Hugging, toleration of being hugged, and inhibition of hugging are important behavioral cues. Sensory issues need to be understood so as not to violate the child's needs.

**Play Development**  
Basic assumptions: The child's gross and fine motor scores are relatively in tact. The degree to which they are not will inhibit the child's ability to participate in some activities.

**Level one:**  
Play at this level tends to be restricted or non-existent. Often the child focuses on self-stimulating. Children rarely tend to use more than one toy at a time, or will use them in certain ways or sensation rather than actual play. Sometimes words memorized in stereotyped play may exist.

**Fig. 14**

File Edit Help

BSCMT Home

Client Information | Strengths | Questions | Entry Values | Assessment | Treatment Plan | Approach Summary | Treatment Plan | Crisis Intervention | Signature Page

10-10-2010 10:10:10 AM

Text Summary

1a-1j Antecedent environmental behaviors manifest in the home leading to goal:

Specific Observable Goal with regards to potential self-injury due to factors in the home environment

Target Date:

Specific TSS Intervention Strategy by setting:

Community:  
School:  
Home:

Child's response to strategy by TSS:

Recommended Specific Intervention Strategy by setting for other Caregivers:

Community:  
School:  
Home:

Child's response to intervention by caregivers:

Specific role of BSC in this intervention:

Specific timing and methods of generalizing teaching skills to empower child and Caregivers:

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DESIGNATION

Safety & Aggressive Issues

Home environmental dangers: Obvious dangers: weapons, drugs, electrical

Community environmental dangers:

Lack of awareness of danger: either specific or contextual

Physical self-play: Hitting, biting, kicking

Lack of awareness of danger: either specific or contextual

Expressions of anger and frustration

Emotional Development

Emotional expression of needs that is into dangerousness issues

Emotional recognition, labeling, and expression of loss, anticipated loss or pain

Emotional recognition, labeling, and expression of other feelings

Cognitive Development

Matching if relate to real life

Non-functional nature: obsessions, or compulsion

Clear environmental boundaries

Consistency of cues in environmental structures to maximize generalizability

Visual attending skills

Auditory/ Oral/Visual attending skills

Transitional skills (includes test shilling, and task completion)

Increased visual receptive understanding

Increased auditory receptive understanding

Ability to understand and recognize discrete tasks needed to perform a larger

Ability to understand and generalize discrete tasks into a whole

Ability to understand and generalize across contexts

Reinforcement developmental skills

Long term organizational skills

Self-autonomic regulation (fleeing, eating/hunger, arousal)

Gross motor

Relational Development

Interaction with objects in the world

Interaction with people outside of routine contexts: adults

Interaction with people outside of routine contexts: children

Physical living interactions: Ability to understand the social context and expectations

Development of Empathy Skills

Play Development

Interactive play with objects designed to increase generalizability of construction

Interactive gross motor play designed to increase play skills

Interactive games designed to teach play and advancing rules

Development of recreation and relaxation

Fig. 15



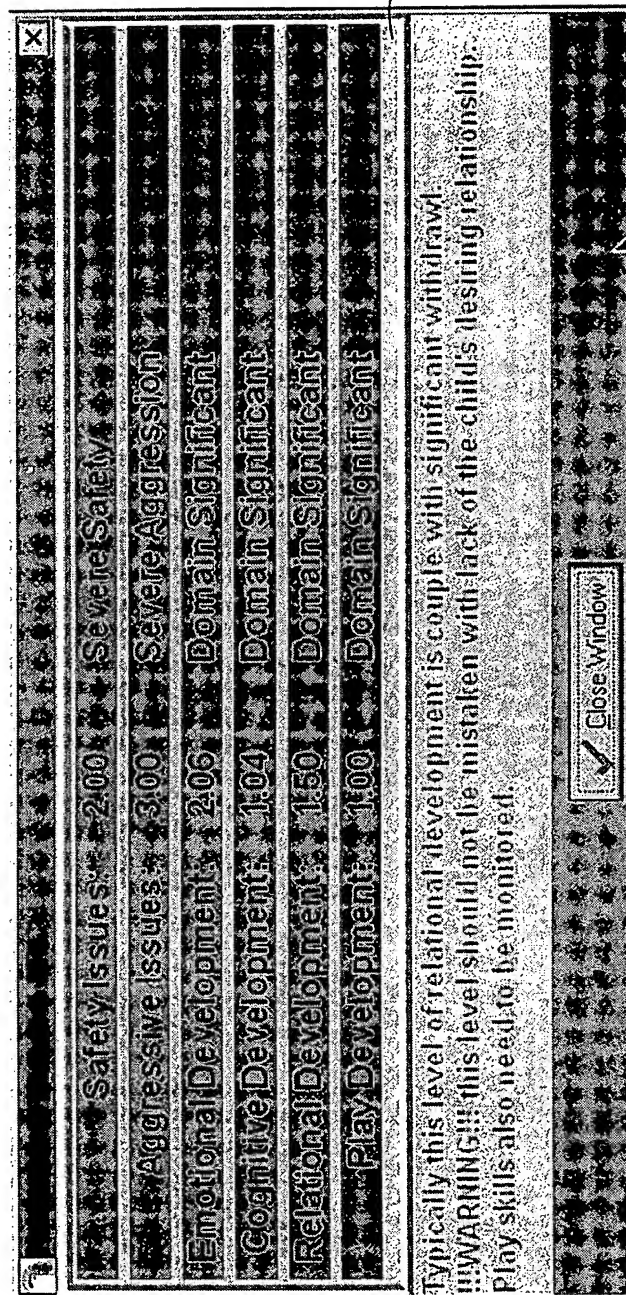


Fig. 16

File Edit Help  
BSC/NT Name  
Client General Information Strengths Questions Family Values Assessment Treatment Plan Approach Summary Treatment Plan Crisis Intervention Signature Date

Crisis Intervention plan:

I

224

Emergency Contact person(s)  
Emergency phone number(s)  
Primary Physician Name  
Primary Physician Number  
Primary Hospital Name  
Primary Hospital Number  
Child's known allergies or other important medical information  
Type of Crisis Intervention recommended  
Type of Crisis Intervention recommended

Continue Search Print New

Fig. 17

[illegible]

**Fig. 18**

**Fig. 19**

Page: 1      Date: 8/14/2003 1:21:04

Children's Paraclete Utilizing BASTP - Treatment Plan

Children's Paraclete® Utilizing BASTP

Child/Adolescent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Person: \_\_\_\_\_ MCO \_\_\_\_\_ # \_\_\_\_\_

Agency #: \_\_\_\_\_ BSU#: \_\_\_\_\_

Treatment Plan Author's Name: \_\_\_\_\_

Intervention Level: \_\_\_\_\_

\_\_\_\_ TSS \_\_\_\_\_

\_\_\_\_ Behavioral Specialist \_\_\_\_\_

\_\_\_\_ Psychologist \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_ Review Number \_\_\_\_\_

\_\_\_\_ Addendum goals affected \_\_\_\_\_

\_\_\_\_ addendum date: \_\_\_\_\_

Strength Base: \_\_\_\_\_

Child's/Adolescent's: \_\_\_\_\_

Interests: \_\_\_\_\_

Activities: \_\_\_\_\_

Most valued accomplishments: \_\_\_\_\_

Way to relax and have fun: \_\_\_\_\_

Ways to calm self down: \_\_\_\_\_

Closest adults and reasons: \_\_\_\_\_

Closest friends own age and reasons: \_\_\_\_\_

Clubs or organizations joined: \_\_\_\_\_

Page 1 of 6

Fig. 20



Page: 1	Children's Paraclete Utilizing BASTP - Crisis Intervention	Date: 8/14/2003 1:21:18 AM
<hr/>		
Crisis intervention plan:		
Emergency Contact person(s):		
Emergency phone numbers(s):		
Primary Physician Name:		
Primary Physician Number:		
Primary Hospital Name:		
Primary Hospital Number:		
Child's known allergies or other important medical information:		
Type of Crisis: Intervention recommended:		
Type of Crisis: Intervention recommended:		
<hr/>		
Crisis intervention plan:		
Emergency Contact person(s):		
Emergency phone numbers(s):		
Primary Physician Name:		

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Fig. 21

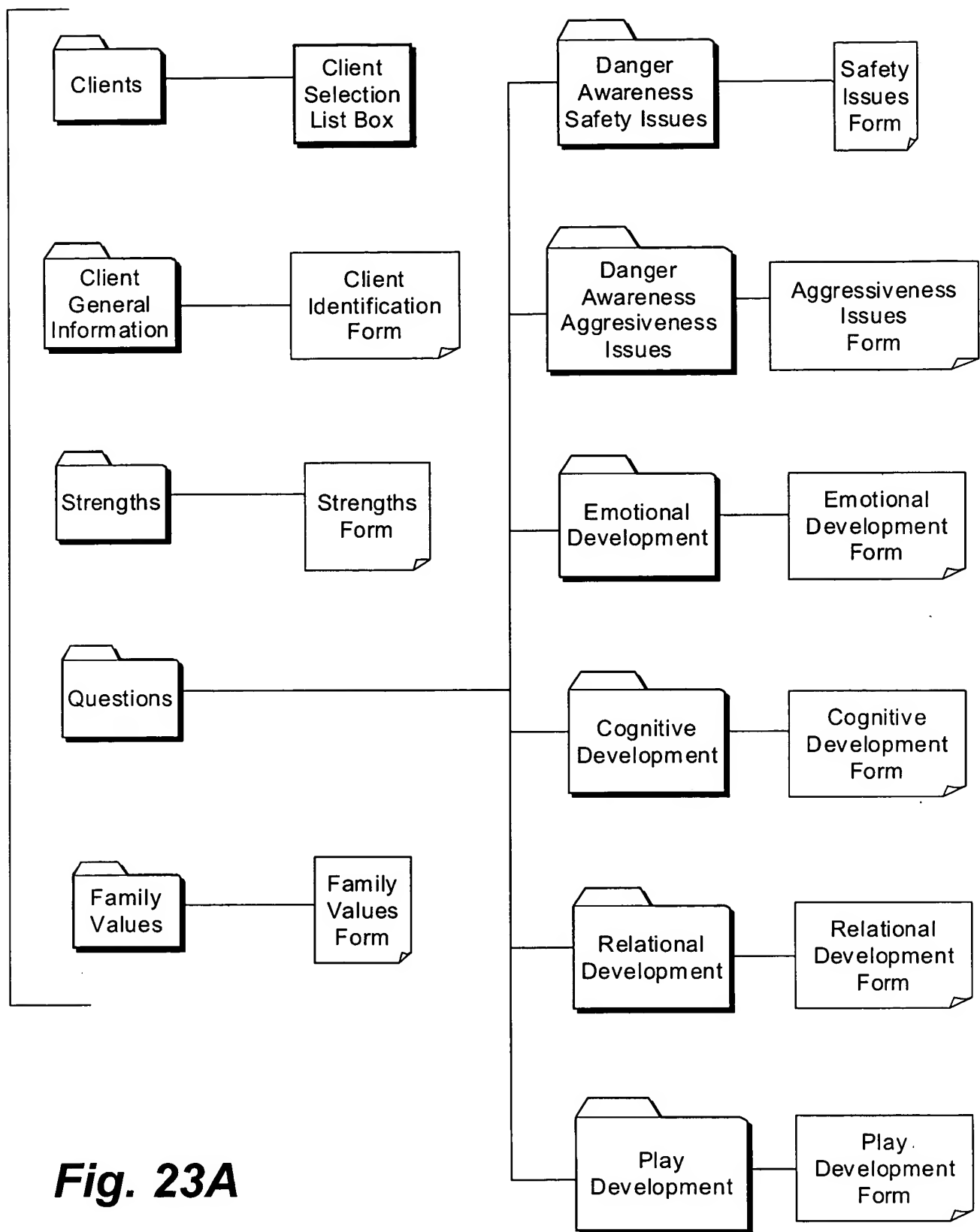
**Treatment Plan**  
**Signature Page**

222

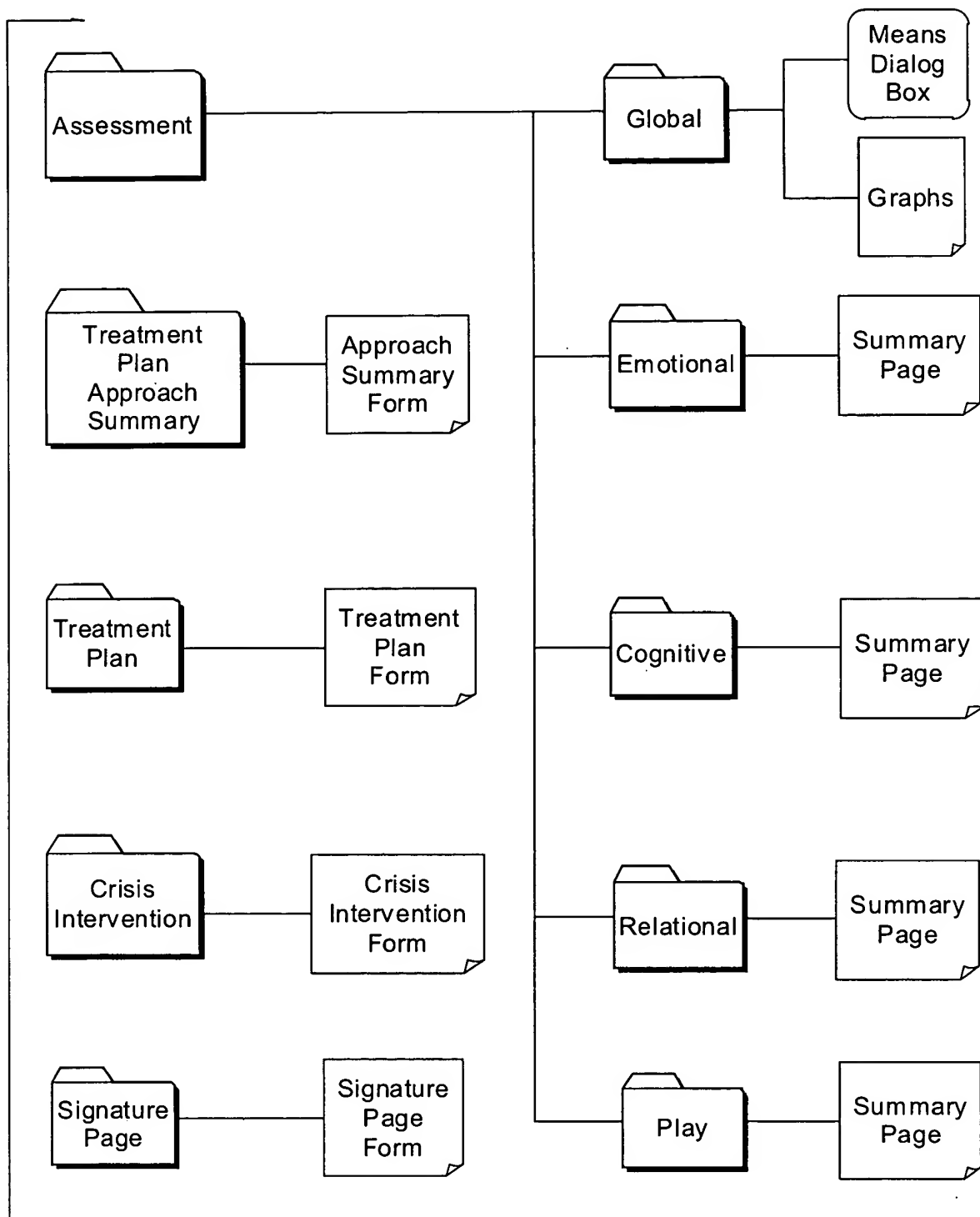
Child/ Adolescent's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Treatment Plan \_\_\_\_/\_\_\_\_/\_\_\_\_

	Printed Name	Signature	Position
Date			
Child/ Adolescent			n/a
Parent/ Caretaker			n/a
Parent/ Caretaker			n/a
Behavioral Specialist			
Mobile Therapist			
TSS			
Case Manager			n/a
Other Team Member			
Other Team Member			
Other Team Member			
Other Team Member			
Other Team Member			
Other Team Member			

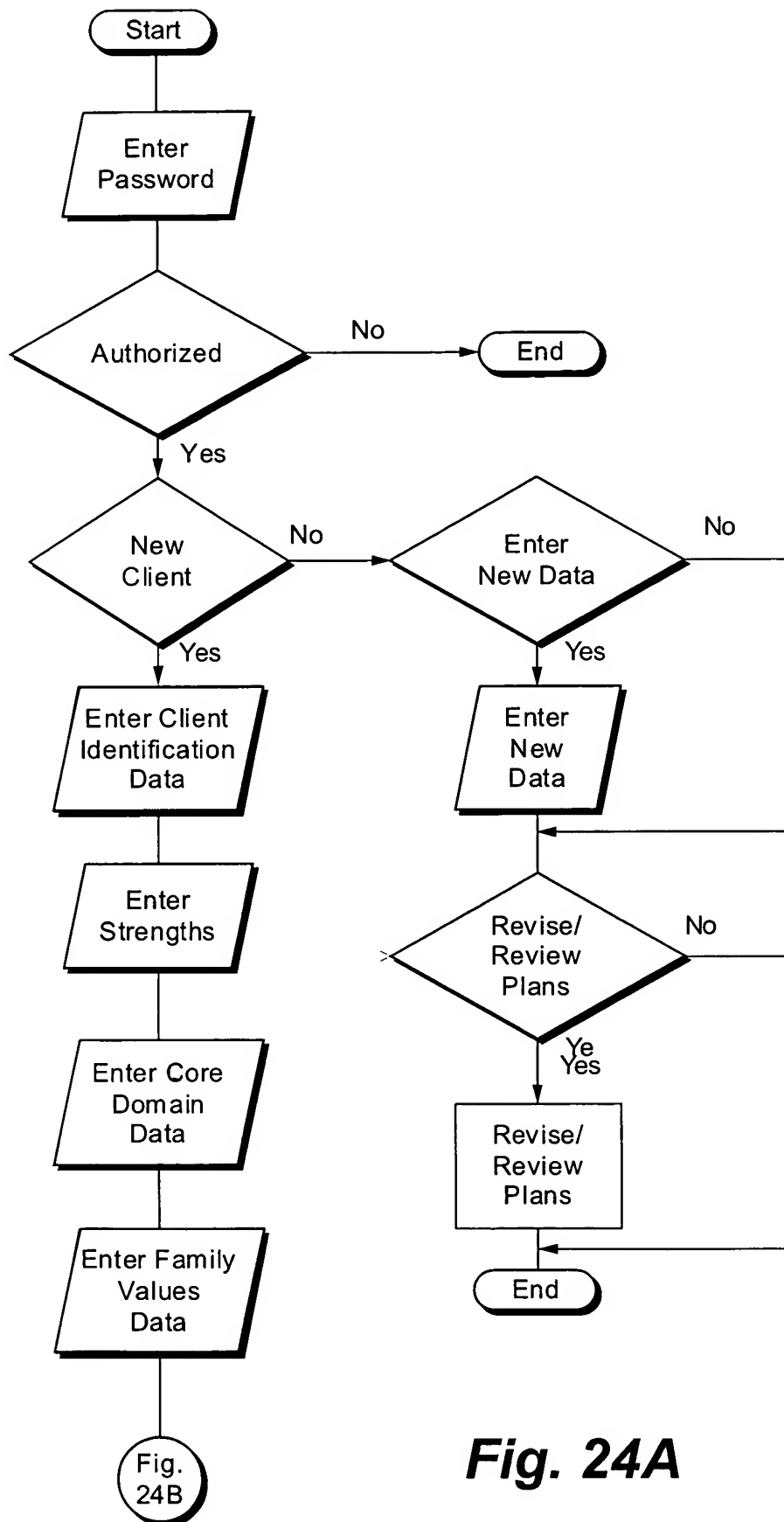
**Fig. 22**



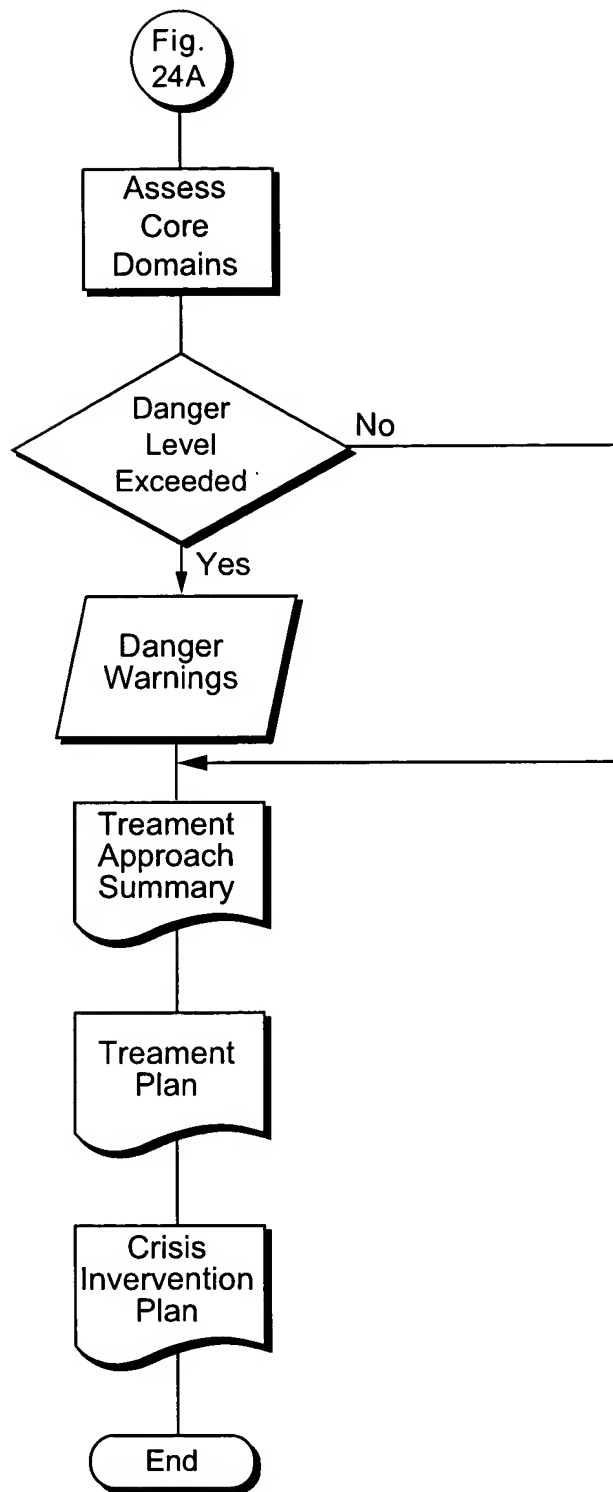
**Fig. 23A**



***Fig. 23B***



**Fig. 24A**



***Fig. 24B***